



IDAHO DEPARTMENT OF HEALTH & WELFARE

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DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

Dear Medicaid Participant:

We are excited to tell you about a benefit called **Preventive Health Assistance (PHA)** for Medicaid eligible participants. It is designed to help you and your family live a healthy lifestyle. The benefit's behavioral component has two (2) parts, Weight Management and Tobacco Cessation.

To qualify for **Weight Management PHA** you (or your child) must:

- Be over the age of 5.
- Have a Body Mass Index (BMI) in the obese or underweight range.
- Want to improve health through weight management.

To qualify for **Tobacco Cessation PHA** you (or your child) must indicate you want to quit using tobacco.

If you qualify for PHA benefits, you can earn points to buy items that will help you live a healthy lifestyle. You earn the points simply by participating in either a monitored weight management program **or** a tobacco cessation program. After you earn PHA points, you can exchange them (one point = \$1) for vouchers. A voucher can be used at PHA approved businesses to help pay for things like fitness and weight management program fees and tobacco cessation products.

You may only be enrolled in one (1) behavioral PHA benefit at a time and the maximum benefit is two hundred (200) PHA points, per person, per year.

To see if you qualify for PHA benefits, fill out the **Health Questionnaire** on the **back side** for your family's Medicaid participants who are interested. Return it in the envelope provided. You may also call us to complete the questionnaire over the phone.

Sincerely,

PHA Administrators

Phone: (877) 364-1843 (toll-free)

Fax: (208) 332-7285

Email medicaidphaprogram@dhw.idaho.gov.

Website: www.medicaid.idaho.gov and then click on Preventive Health Assistance



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Health Questionnaire

- Please fill in the height and weight for each family member who is interested in improving their health by losing or gaining weight.
- Answer the two health questions for all family members interested in these benefits by checking yes or no to each question.
- Children must be age 5 or older to get the Behavioral PHA benefit.

Name:	Medicaid #:	Sex:	Date of Birth:	Weight in Pounds:	Height in Inches:
Does this person want to stop smoking or using tobacco products? ____Yes ____No Does this person want to manage their weight? ____Yes ____No					
Name:	Medicaid #:	Sex:	Date of Birth:	Weight in Pounds:	Height in Inches:
Does this person want to stop smoking or using tobacco products? ____Yes ____No Does this person want to manage their weight? ____Yes ____No					

Complete and return this form in the envelope provided to:

PHA Unit
3232 Elder St.
Boise, ID 83705

Or **call us toll free at (877) 364-1843** if you have questions about PHA benefits. We can also accept your answers to the questions over the phone. We will notify you if you or your family members qualify for the Behavior PHA benefit

Call the PHA Unit toll-free at (877) 364-1843 if you have any questions about PHA benefits.